

**California Department of Education
Immediate Intervention/Underperforming Schools Program (II/USP)**

FY 2001-2002 District Level End-of-Year Report

(Required by Education Code Section 52058)

Instructions: Complete and submit an original and one (1) copy of the II/USP End-of-Year (EOY) Reports to:

Barbara Brandes, Manager
School Reform Assistance Office
California Department of Education
P. O. Box 944272
Sacramento, California 94244-2720

Check appropriate box(es)

[] Cohort 1 Cohort 2 []

- [] Final Financial Expenditure Report: Postmarked by **August 31, 2002**
[] Revised school budget(s) for Cohort 2 schools only: **Postmarked by August 31, 2002**
[] Program Evaluation Report: Postmarked by **November 30, 2002**

District Information	
Recipient District Name	Mailing Address
County/District Code	
District Contact Person	District Contact's Phone #: Fax #: E-mail
District Superintendent's Name	Superintendent's Phone #: Fax #: E-mail
District Superintendent's Signature	Date of Signature

**California Department of Education
Immediate Intervention/Underperforming Schools Program (II/USP)**

FY 2001-2002 School Level End-of-Year Report

(Required by Education Code Section 52058)

Instructions: Complete and submit with district level report an original and one (1) copy to:

Barbara Brandes, Manager
School Reform Assistance Office
California Department of Education
P. O. Box 944272
Sacramento, California 94244-2720

Check appropriate box(es)

☐ **Cohort 1** ☐ **Cohort 2** ☐ **[]**

☐ Program Evaluation Report: Postmarked by **November 30, 2002**

School Information	
Recipient School Name	Mailing Address
County/District/School Code	
School Contact Person	School Contact's Phone #: Fax #: E-mail
School Principal's Name	Principal's Phone #: Fax #: E-mail
School Principal's Signature	Date of Signature

School Site Implementation Grant Budget
Immediate Intervention/Underperforming Schools Program-Cohort 2
Revised Fiscal Year 2002-2003

Name of District: _____				
Name of School: _____				
CDS Code: _____				
School Contact: _____			E-mail: _____	
Phone Number: _____			FAX Number: _____	
SACS Resource Code : 7255 SACS Revenue Code : 8590 Non-SACS Income Code: 8590			School Enrollment: _____ (Per 2000-01 CBEDS) Cost Per Student: _____ (Up to \$200 per student)	

SACS Function Code	Object Code	Description of Line Item	Amount of II/USP Funds Requested	Amount of Matched Funds & Source Codes*
	1000	Certificated Personnel Salaries		
	2000	Classified Personnel Salaries		
	3000	Employee Benefits		
	4000	Books, Materials, Supplies		
	5000	Services and Other Operating Expenses (Including Travel)		
	6400	Capital Outlay (Equipment)		
	7310	Indirect Cost (per J-380 Report)		
Total Amounts				

Please submit this page attached to the District Level End-of-Year cover page.

*Funding Source Codes can be found in the budget instructions section of the II/USP Guidance at www.cde.ca.gov/i/iusp

**DISTRICT LEVEL END-OF-YEAR FINANCIAL EXPENDITURE REPORT FISCAL
IMMEDIATE INTERVENTION/UNDERPERFORMING SCHOOLS PROGRAM
FISCAL YEAR 2001-2002**

Please check **Cohort 1** [] **Or** **Cohort 2** []
(Cohort 1's first year of implementation was FY 2000-2001/Cohort 2's first year of implementation was FY 2001-2002)

Grant Title: Immediate Intervention/Underperforming Schools Program (II/USP)
County Name: _____
District Name & Number: _____
District Contact Person: _____ Telephone No: _____ FAX No.: _____
Grant Amount: _____ Fiscal Year: 2001-2002
Grant Number: 01-24030 ---- (first four digits of the district number) 00
(Wasco Union Elem., Compton & Rialto Unified School Districts use Grant Number: 01-23989 ...)
Non-SACS Income Account: 8590 SACS Resource: 7255 SACS Revenue: 8590
Summary of expenditures as of end of grant period: June 30, 2002 **DUE DATE: August 31, 2002**

- A. TOTAL DISTRICT GRANT AMOUNT: _____
- B. TOTAL EXPENDED BY ALL PARTICIPATING SCHOOLS: _____
(No carryover allowed)
- C. LESS PARTIAL PAYMENTS RECEIVED: _____
(80 Percent of grant amount)
- D. REIMBURSEMENT CLAIMED: _____
(B MINUS C)
- E. EXCESS FUNDS RECEIVED BALANCE OWED TO CDE: _____
(C MINUS B)

CERTIFICATION OF LOCAL AGENCY

I hereby certify that (1) the expenditures reported above have been expended or legally obligated in accordance with applicable federal and state laws and regulations, the approved application, and (2) full records of receipts and expenditures have been maintained and are available for audit.

Signature of District Superintendent or Designee Legal Name of Grantee (District)

Title Street Address

Date Signed City Zip

Please submit this report attached to the District Level End-of-Year cover page.